FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2000 8:00 am DOCUMENT # P97000010334 Secretary of State 02-21-2000 90028 019 ***150.00 FOSHEE JEWELERS, INC. Mailing Address Principal Place of Business 712 N INGRAHAM AVE 712 N INGRAHAM AVE LAKELAND FL 33801 LAKELAND FL 33801-2034 714682 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3421110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOSHEE, CLYDE R Street Address (P.O. Box Number is Not Acceptable) 712 N INGRAHAM AVE LAKELAND FL 33801 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 1.1 Change ☐ Addition TÜLE 🔲 Delete 😁 FOSHEE, CLYDE R NAME NAME STREET ADDRESS STREET ADDRESS 3236 GARDNER RDAVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Addition ☐ Change TITLE ☐ Delete TITLE COTHERN, PAMELA F NAME NAME 5630 STAGECOACH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete TITLE Change Addition TITLE FOSHEE, CHRISTOPHER R NAME NAME STREET ADDRESS STREET ADDRESS 3527 KNIGHTS STATION RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete JJJLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE [7 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if